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ABSTRACT

This study examined the attitudes, knowledge, comfort, and referral levels of school counselors in relation to working with suicidal adolescents. Subjects were 213 school counselors divided among elementary, junior high, and high school settings. Most of the counselors (92%) were found to be more comfortable assessing suicidal risk if a team approach was used, and most (97%) were comfortable referring suicidal clients to other professionals and outside agencies. A significant difference was also indicated when counselors had a high education level and had experienced a suicide sometime in their lives. Sixty-six percent of the sample responded that their skills were not strong enough to help a suicidal client, while 42% stated that they felt they might make a mistake in working with a suicidal client. Sixty-eight percent of the population surveyed felt it was best to refer any client at the mere mention of suicide. Assessment knowledge, determined by case study analysis revealed that females assessed correctly at a higher rate than males on a high risk client, while males assessed low risk clients at a higher level. Assessment improved as counselors became more experienced. It was concluded that school counselors refer suicidal adolescents at an extremely high rate due to their own discomfort in working with suicidal adolescents even when training, experience, and knowledge levels are high. (LLL)

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School Counselor Attitudes and Referral Practices When Working with Suicidal Adolescents

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ABSTRACT

COUNSELOR REFERRAL RATES OF SUICIDAL YOUTH, Peterann M. Siehl Ph.D., L.P.C., and Robert C. Moomaw Ph.D., Lic. Psych. Bowling Green State University, Bowling Green, Ohio

In 1987, five thousand teenagers killed themselves. In that same year over 500,000 adolescents made attempts on their lives (U.S. Vital Statistics, 1987). In a recent Gallup poll (1991), 1/3 of the teenagers polled stated that they had thought about suicide and 2/3 stated that they knew someone who had attempted or committed suicide. Teenage suicide continues to rank as the second leading cause of death for adolescents and a major concern for numerous parents, schools, and counselors across the nation. Counselors at all levels are called upon to deal with different aspects of suicide from prevention programs to intervention strategies. It was the purpose of this research to study the attitudes, knowledge, comfort and referral levels of school counselors in relation to working with suicidal adolescents. Subjects were three hundred (300) school counselors equally divided among elementary, junior high and high school settings. Two hundred and thirteen (N=213) respondents completed the survey instrument developed for this study. In the area of comfort 92% of the counselors were comfortable assessing suicidal risk if a team approach was used compared to 52% being comfortable if they were solely responsible for for the assessment. Ninety seven percent (97%) were comfortable referring suicidal clients to other professionals and outside agencies. No significant differences were found in the variables studied in relation to the comfort factors determined. Significant differences were found in the referral rates of counselors in relation to years of experience $F(1,213=3.44$ & 2.97, $p<.05)$ and status (grade level) on Factor 1. A significant difference was also indicated on referral Factor 2, $F(4, 213 =2.25, p<.05)$ when counselors had a high education level and had experienced a suicide sometime in their lives. Sixty six percent (66%) of the sample responded that their skills were not strong enough to help a suicidal client while forty two

percent (42%) stated that they felt they might make a mistake in working with a suicidal client. Sixty-eight percent (68%) of the population surveyed felt it was best to refer any client at the mere mention of suicide. Only 3.3%, of the population felt it would be their fault if their suicidal client died. Assessment knowledge, determined by case study analysis scenarios revealed that females assessed correctly at a higher rate than males on a high risk client while males assessed low risk clients at a higher level. Moderate levels of suicide assessment were identified equally by males and females but appeared to be identified incorrectly by both sexes by 66.3% for males and 77.2% for females. Assessment improved as counselors became more experienced. Accuracy of high risk assessment appeared to increase with educational training while low and moderate risk assessment became more difficult. It was concluded that school counselors refer suicidal adolescents at an extremely high rate due to their own discomfort in working with suicidal adolescents even when training, experience and knowledge levels are high.

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PURPOSE OF THE STUDY

The purpose of this study was to investigate (a) the comfort level, (b) the referral rate, (c) the information and assessment knowledge level, and (d) the attitudes of school counselors when working with suicidal students. The areas which were considered pertinent to the study included: levels of counselor training, length of counseling experience, counseling status, incidence of suicide experienced by the counselor and the relationship of the person who suicided to the counselor.

SAMPLE

Three hundred (300) school counselors equally dis-tributed among elementary, junior

high and high school, were randomly selected from a list of counselors supplied to the researchers by the Ohio School Counselor Association. The counselors represented schools that were rural, urban and suburban. The sample consisted of 80 (37.6%) males and 128 (60.1%) females. The average age of the sample was 44 years. Counseling experience was represented by 2.3% with one year or less, 16.4% with two to four years and 80.8% with five years or more of counseling. Seventy one percent of the sample (N=213) responded to the survey. 64 (30%) were elementary, 71 (33.3%) were middle/ junior high school, and 78 (36.6%) were high school counselors. One hundred sixty three (66%) had known someone who had committed suicide,34 (16%) had worked with a client that had suicided, while 95% had worked with a client who had discussed suicidal thoughts or had made a suicide attempt.

INSTRUMENTATION

A review of the suicide literature (Psych. Abstracts and ERIC 1980-1990), served as the basis for the development of the survey used in this study. Upon survey construction completion, the instrument was administered to thirty (30) local counselors to determine usage and understanding levels of questions that had been included. A panel of counselor educators and educators of educational psychology with expertise in the study and treat-ment of suicidal adolescents reviewed the survey and the pilot test results.

The survey used in this study included seven sections. Questions were asked in the following areas: (1) demographics, (2) comfort level, (3) referral situations, (4) basic suicide knowledge, (5) suicide acceptability scenarios, (6) attitudes about working with suicidal students and (7) assessment knowledge. Specific information relating to comfort levels and referral procedures are incorporated in the presentation of the results.

Surveys were mailed to 300 school counselors in the state of Ohio in April of 1989. A follow-up letter and duplicate questionnaire were sent to nonresponding counselors six weeks

later.

TREATMENT OF THE DATA

Data from the returned surveys were summarized and analyzed using the Statistical Analysis System (SAS) computer program using frequency tabulations, factor analyses, ANOVA and chi-square analyses.

SUMMARY OF RESULTS

Table 1 presents the mean comfort levels of the total population. The means of 3.0 and above appear to relate to statements which allow the counselor to depend on others for assessment, deal with general discussion of suicide or relate to individual counselor assessment of low risk suicidal clients. Means that fall in the uncomfortable range relate to statements which would place the counselor in the position of working directly with high risk clients or assessing clients for suicidal risk by themselves. Two other statements that counselors were not comfortable with involved allowing teachers to assess for suicidal risk.

Table 2 presents the ANOVA results of counselor comfort levels in relation to the variables studied in this project. No significant differences were noted on any of the four factors related to comfort.

Table 3 presents the mean referral rates of the total population. The means in the 3.0 range show uncertainty of counselors regarding referral, these statements appear to relate to dealing with students you have received a suicide note about, have no definite plan, assess as moderate risk or appear to be depressed. Two statements with means of 3.7 and 3.9 respectively, relate to clients who exhibit a number of suicidal behaviors or appear depressed. Means that are 4.0 and above relate to statements regarding students who have attempted before and appear depressed, have a definite plan or those who the counselor has evaluated as being at high risk.

Table 4 presents the ANOVA results of the counselor referral rates in relation to the variables of this study. Significant differences $F(1, 213 = 3.44$ & $2.97, p<.05)$ were noted in years of experience and status of counseling for Factor 1.

Table 5 presents the ANOVA results of counselor comfort levels by various variables. No significant differences were noted in the four comfort level factors.

Table 6 presents the ANOVA results of counselor referral rates for the two referral rate factors in this study. A significant difference $F(4, 213 = 2.25, p<.05)$ was noted in referral rates when counselors had higher levels of education and have known someone who has suicided.

Tables 7, 8, 9, and 10 present the percentages of correct assessment responses for the three case study scenarios presented in the survey. The tables present results of assessment percentages by sex, training level, relationships of those that suicided to the counselor and years of experience. Sixty six percent (66%) of the sample responded that their skills were not strong enough to help a suicidal client while forty two percent (42%) stated that they felt they might make a mistake in working with a suicidal client. Sixty-eight percent (68%) of the population surveyed felt it was best to refer any client at the mere mention of suicide. Only 3.3%, of the population felt it would be their fault if their suicidal client died. Assessment knowledge, determined by case study analysis scenarios revealed that females assessed correctly at a higher rate than males on a high risk client while males assessed low risk clients at a higher level. Moderate levels of suicide assessment were identified equally by males and females but appeared to be identified incorrectly by both sexes by 66.3% for males and 77.2% for females. Assessment improved as counselors became more experienced. Accuracy of high risk assessment appeared to increase with educational training while low and moderate risk assessment became more difficult.

It was concluded that school counselors refer suicidal adolescents at an extremely high rate due to their own discomfort in working with suicidal adolescents even when training, experience and knowledge levels are high.

DEMOGRAPHICS

SEX AND AGE

Males = 80

Females = 128

Non-response = 5

Average Age = 44

COUNSELING EXPERIENCE

One Year Or Less = 5

2-4 Years = 35

5 or More Years= 172

Non-response = 1

COUNSELING STATUS

Elementary = 64

Junior High = 71

High School = 78

COUNSELOR KNEW PERSON WHO SUICIDED

Yes = 163

No = 50

COUNSELOR TREATED PERSON WHO SUICIDED

Yes = 34

No = 174

Non-response = 5

RELATIONSHIP OF PERSON WHO SUICIDED TO COUNSELOR

Relative= 37

Colleague= 18

Student School = 65

Student District = 52

Acquaintance = 75

TOTAL SAMPLE (N = 213)

TABLE 1

Counselor Comfort Level Mean Scores

STATEMENTS	X	SD
22. generally talking about suicide	3.95	.048
23. interacting with student talking about killing self	3.64	.063
24. treating suicidal students by self	2.13	.072
25. personally assessing suicidal risk	2.60	.074
26. assessing with core team	3.98	.059
27. working with student assessed low risk	3.93	.053
28. working with student assessed moderate risk	3.43	.065
29. working with student assessed high risk	2.48	.082
30. referring suicidal to other professionals	4.60	.047
31. allowing teachers to assess risk	2.40	.073
32. using assessment from a teacher	2.95	.066
33. calling in a student you heard was suicidal	3.92	.055

TABLE 2

Analysis of Variance of Counselor Comfort Levels by Selected Variables

VARIABLE	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4
Years counseling	1.38	0.97	0.51	1.03
Grade Level Status	0.35	1.30	1.67	2.29
Educational Training	0.72	0.81	0.69	0.35
General Suicide Knowledge	1.57	0.94	0.40	0.42
Assessment Knowledge	0.38	0.19	1.21	0.46
Knew Someone Who Suicided	1.91	1.56	3.73	1.05
Relation of person Who suicided	0.53	1.94	1.31	0.61

* p< .05

TABLE 3

Counselor Referral Rate Mean Scores

STATEMENTS	X	SD
34. talks about suicide fleetingly	2.58	.087
35. attempted before and seems depressed	3.91	.048
36. has a definite plan	4.12	.048
37. received a suicide note from a friend	3.21	.080
38. referred because of depression	2.82	.083
39. thinking of suicide but no definite plan	3.03	.077
40. exhibits a number of suicide behaviors	3.76	.063
41. writes poem, journal entry about suicide	3.00	.081
42. assess as low risk	2.31	.080
43. assess as moderate risk	3.23	.073
44. assess as high risk	4.05	.045
45. returns after attempt and is talking suicide again	4.13	.051

TABLE 4

Analysis of Variance of Counselor Referral Rates by Selected Variables

VARIABLE	FACTOR 1	FACTOR 2
Years counseling	3.44*	0.582
Grade Level Status	2.97*	0.674
Educational Training	0.17	0.502
General Suicide Knowledge	0.66	0.561
Assessment Knowledge	1.57	0.170
Knew Someone Who Suicided	1.19	0.110
Relation of person Who suicided	1.03	0.905

* p< .05

TABLE 5

Analysis of Variance of Counselor Comfort Levels by Selected Variables and Association of Someone Who Suicided

VARIABLE	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4
Years counseling	0.65	0.69	0.12	0.40
Educational Training	0.15	0.21	0.38	0.40
General Suicide Knowledge	0.14	0.35	1.18	0.47
Assessment Knowledge	0.34	0.41	0.62	0.68

* p< .05

TABLE 6

Analysis of Variance of Counselor Referral Rates by Selected Variables and Association of Someone Who Suicided

VARIABLE	FACTOR 1	FACTOR 2
Years counseling	1.23	0.40
Educational Training	1.32	2.25*
General Suicide Knowledge	1.05	1.62
Assessment Knowledge	1.30	0.47

* p< .05

TABLE 7

Percentages of Correct Counselor Assessment Responses Compared by Sex

SEX	CASE 1	CASE 2	CASE 3
Males	73.8	33.8	38.8
Females	84.4	32.8	28.9

TABLE 8

Percentages of Correct Counselor Assessment Responses Compared by Educational Training

Training	CASE 1	CASE 2	CASE 3
None	71.1	31.6	42.1
1-2 Workshops	78.3	68.5	29.3
3-4 Workshops	87.9	37.9	34.5
5 or more Workshops	75.0	25.0	25.0
Formal Course	100.0	25.0	33.3

TABLE 9

Percentages of Correct Counselor Assessment Responses Compared by Relationship of Individual Who Suicided

RELATIONSHIP	CASE 1	CASE 2	CASE 3
Relative	89.2	29.7	24.3
Colleague	85.7	28.6	42.9
Student in School	83.3	43.8	43.8
Student in District	84.0	32.8	20.0
Acquaintance	78.9	23.7	36.8

TABLE 10

Percentages of Correct Counselor Assessment Responses Compared by Years of Experience

YEARS	CASE 1	CASE 2	CASE 3
1 or less	80.0	40.0	20.0
2-4	80.0	34.3	42.9
5 or more	80.2	32.6	31.4

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